Dr. Lewis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07588

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willards
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willards
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eva	Virginia	Adkins	July	I9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	April 9-I893	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Work	At Home	Whayleville Md.	USA

13. FATHER'S NAME: Mitchell Davis
14. MOTHER'S MAIDEN NAME: Anna Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: H. Carlton Adkins (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma adeno of breast	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
August 1948	Adenocarcinoma left breast	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August, 1948, to 7-19, 1950, that I last saw the deceased alive on 7-19, 1950, and that death occurred at 10:25P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank R Lewis	M.D.	Willards Maryland.	7-20-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/22/50	Parsons Cemetery	Salisbury Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-22-50	Mary W. Holloway	Holloway & Company - Salisbury, Md.	

Walter R. Holloway

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS.-A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07589

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; MARYLAND; LENGTH OF STAY (In this place) 4 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Georgia; COUNTY Stewart; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lumpkin; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (Last) ANDREWS

4. DATE OF DEATH: (Month) July (Day) 24, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1911

9. AGE last birthday: 39 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wesley Andrews

14. MOTHER'S MAIDEN NAME: Pinkie Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): NO (If yes, give WAR or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mamie Andrews, RFD, Lumpkin, Ga.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Fracture of Skull + Several ribs, left thigh + tibia + fibula, several lacerations + contusions head, thighs + knees

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Struck by Ford Coupe Truck while lying on road; Probably Accidentally injured (c): 812.5 E 170 c

INTERVAL BETWEEN ONSET AND DEATH: Instantly

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Alcoholism

19a. DATE OF OPERATION: July 24th 50

19b. MAJOR FINDINGS OF OPERATION: As stated above

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): State Road 371 (CITY OR TOWN): near Pocomoke City (COUNTY): Worcester (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): July 24 1950 1:30 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Struck by Ford Truck while lying on road. Died as result of previous serious injuries

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr W. E. Gatsonis (Degree or title): Dr Med Exa ADDRESS: Pocomoke City Md DATE SIGNED: 7/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal; DATE THEREOF: 7/28/50; NAME OF CEMETERY OR CREMATORY: Lumpkin Colored Cem; LOCATION (City, town, or county) (State): Lumpkin, Ga

DATE REC'D BY LOCAL REG. 7-31-50; REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Henry H. Watson, Pocomoke, Md. ADDRESS:

866 V

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

075901

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tony Tank

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Tony Tank

3. NAME OF DECEASED (Type or Print) (First) ELVA (Middle) FRETWELL (Last) BADEN
DATE OF DEATH (Month) 7 (Day) 30 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 8 1906
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James White Fretwell
14. MOTHER'S MAIDEN NAME Mattie Johns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS George E. Baden, Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30, 1950, to 7/30, 1950, that I last saw the deceased alive on 7/30, 1950, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE Fred R. Cramer (Degree or title) M.D. ADDRESS Salisbury M.D. DATE SIGNED 8/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/2/50
NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park
LOCATION (City, town, or county) Salisbury, Md. (State)

DATE REC'D BY LOCAL REG. 8-3-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS George C. Hill

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) Church St.

3. NAME OF DECEASED (Type or Print) (First) Della (Middle) Grace (Last) Bailey
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 11, 1884
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Worcester County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME David L. Prader
14. MOTHER'S MAIDEN NAME Ellen Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS See Bailey (Husband) Hebron.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH 5 years

170X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

50

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION March 1946
19b. MAJOR FINDINGS OF OPERATION Carcinoma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1946 to July 30th, 1950, that I last saw the deceased alive on July 30th, 1950, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

SIGNATURE William Emrich (Degree or title) M.D. ADDRESS Hebron - Md DATE SIGNED Aug 3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/3/50
NAME OF CEMETERY OR CREMATORY Hebron Cemetary
LOCATION (City, town, or county) Hebron (State) Md.

DATE REC'D BY LOCAL REG. 8-4-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR C. T. Messick Bivalve, Md. ADDRESS

52086

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU U. S.

07592

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela.
STREET ADDRESS (If rural, give location) Rural, Mardela Md

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) (Last) Bell
4. DATE OF DEATH (Month) 7 (Day) 25 (Year) 1950
5. SEX Female
6. COLOR OR RACE Cal
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-18-1906
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Rockawalking
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Carol Black
14. MOTHER'S MAIDEN NAME Sallie Black.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 213-22-5346
17. INFORMANT George Milbourne

18. MEDICAL CERTIFICATION West Over Hills -

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0 Immediate cause (a) 2nd & 3rd degree Burns of 75% of body — 3 days

181 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Mardella (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) 7 (Day) 22 (Year) 50 (Hour) 3 p m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? oil stove exploded

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J O Rademaker MD (Degree or title) ADDRESS Salisbury Md DATE SIGNED 7-25-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-30-50
NAME OF CEMETERY OR CREMATORY Rockawalking
LOCATION (City, town, or county) Rockawalking (State)
DATE REC'D BY LOCAL REG. 7-30-5
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker M West
ADDRESS Md Salisbury Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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07593

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
LENGTH OF STAY (in this place) 40 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2, Delmar

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar, Route 2
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Henry (Last) Bennett
4. DATE OF DEATH (Month) 7 (Day) 22 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 3, 1870
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Columbia, Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Hazel Bennett
14. MOTHER'S MAIDEN NAME Margaret Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mr. Harold Bennett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	1 week
Antecedent cause(s) 442x 131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardia Renal	5 years
	(c) Hypertension	5 "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14, 1950, to 7/22/50, 19....., that I last saw the deceased alive on 7/21/50, 19....., and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. S. Kuhlman M.D. ADDRESS Sharptown Md DATE SIGNED 7/24/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE 7/25/50 NAME OF CEMETERY OR CREMATORY Firemans LOCATION (City, town, or county) Sharptown, (State) Md

DATE REC'D BY LOCAL REG. 7-25-50 REGISTRAR'S SIGNATURE Walter G. Mann
24. FUNERAL DIRECTOR Paul J. Smith, ADDRESS Sharptown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07594

CERTIFICATE OF DEATH

Reg. Dist. No. 332

34b

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location) Flower St

3. NAME OF DECEASED (Type or Print): (First) Ollie; (Middle) J.; (Last) Bowen

4. DATE OF DEATH: (Month) July; (Day) 7; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED, (Specify)

8. DATE OF BIRTH: 2-7-17

9. AGE last birthday: 33 yrs. If under 1 year: Months 5; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waiter

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Berlin, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Lester Bowen

14. MOTHER'S MAIDEN NAME: Mamie Doane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO. 218-03-0403

17. INFORMANT AND ADDRESS: Mrs. Mamie Bowen, Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH: 4 days

490 x

Immediate cause (a) Lobar Pneumonia

108

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) None known

(c) None known

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1950, to July 7, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 5:28 P.M., from the causes and on the date stated above.

SIGNATURE Charles Robert Tuttle Jr. (Degree or title) M.D. ADDRESS DATE SIGNED July 7, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-11-'50	Evergreen Cemetery	Berlin, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-12-50	Mrs. Mary W. Holloway	James B. Dashiell	Salisbury, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) II days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Venton
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) George (Middle) E. (Last) Bozman
4. DATE OF DEATH (Month) July (Day) II (Year) 50

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH April 23, 1877
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isaac J. Bozman
14. MOTHER'S MAIDEN NAME Adaline C. Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mr Ellis A. Bozman Venton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	11 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	—
	(c)	

331 x
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1950, to 7/11, 1950, that I last saw the deceased alive on 7/11, 1950, and that death occurred at 5 15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clara F. Fisher M.D. 300 N. Division St Salisbury, Md. 7/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Buriel
DATE THEREOF 7-13-1950
NAME OF CEMETERY OR CREMATORY All Saints Monie Cem.
LOCATION (City, town, or county) (State) Venton, Maryland

DATE REC'D BY LOCAL REG. 7-14-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Lewis R. Wilson ADDRESS Princess Anne, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 17 1960

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07596

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Branch St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
		Brittingham	July	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored		July 12 1950	33 yrs.			11	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robinson Brittingham	Winifred Mary Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Winifred Brittingham, Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.0 **Immediate cause** (a) atelectasis, Bilateral — 8 hrs

161a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-12-, 1950, to 7-13-, 1950, that I last saw the deceased alive on 7-13-, 1950, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. A. Wiedmann	M.D.	Peninsula Gen'l. Hosp.	7-13-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7-14-50	Evergreen Cemetery	Berlin Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-14-50	Mary W. Holloway	James B. Dashiell	Salisbury Md.

2-0-7-13-10-27-3-40-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1950
BUREAU V. S.

Dr. Lewis

07597

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Offett (Last) Brittingham
4. DATE OF DEATH (Month) July (Day) 25 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 12-1879
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechantic (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Auto Dealer Garage Business
11. BIRTHPLACE (State or foreign country) Pittsville Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joshua Q. Brittingham
14. MOTHER'S MAIDEN NAME Sallie Mary Truitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Ida Gertrude Brittingham (Wife)

18. MEDICAL CERTIFICATION Pittsville, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis chronic	3 yrs
	(c) Hypertension - arteriosclerosis	5 yrs

420.1
93d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug, 1945, to 7-25-50, 19....., that I last saw the deceased alive on 7-25-50, 19....., and that death occurred at 12:16 A. m., from the causes and on the date stated above.

SIGNATURE Frank R. Lewis M.D. (Degree or title) ADDRESS Willards Maryland DATE SIGNED 7-25-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July "27" 50
NAME OF CEMETERY OR CREMATORY Pittsville Cemetery
LOCATION (City, town, or county) (State) Pittsville Maryland

DATE REC'D BY LOCAL REG. 7-25-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Company - ADDRESS Salisbury, Md.

Walter R. Holloway 332-84

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1950
BUREAU U. S.

07598

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS en route to Peninsula General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
STREET ADDRESS (If rural give location) 407 Lake St.

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) (Last) Brown
4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 1950
5. SEX Female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan. 14 1894
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Salisbury Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Leah Bruington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Kathellen L. Purnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260x

420.1 Immediate cause (a) Coronary occlusion — sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

61 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Diabetes mellitus — unknown unknown

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. A. Rademaker M.D. (Degree or title) ADDRESS 502 No. Dev. Salisbury Md DATE SIGNED 7/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-18-50
NAME OF CEMETERY OR CREMATORY Green Acres Mem.
LOCATION (City, town, or county) Salisbury (State) Md
DATE REC'D BY LOCAL REG. 7-18-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker Mitch ADDRESS Salisbury Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 20 1950
BUREAU P. S.

07674

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 415 Davis av.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Tal.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LEWIS (Middle) BUFFETT (Last)

4. DATE OF DEATH (Month) July (Day) 19, (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 4-5-1879
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 163-09 8046
17. INFORMANT AND ADDRESS EARL STAFFORD Easton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

83a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1950, to July 19 1950, that I last saw the deceased alive on July 19, 1950 and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE J. Hearn Mrs (Degree or title) ADDRESS 203 W. Church St. Salisbury Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-22-50
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) (State) Easton Md.

DATE REC'D BY LOCAL REG. 7-20-50
REGISTRAR'S SIGNATURE ~~N.H. Nevius~~
24. FUNERAL DIRECTOR Earl Stafford Easton ADDRESS

Mrs. M.W. Holloway

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
OCT 11 1960
BUREAU

Dr Mams. 07599

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY Wicomico — MARYLAND md	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury md — LENGTH OF STAY (in this place) 20 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS 194 3rd St	STREET ADDRESS (If rural, give location) 194 3rd St

3. NAME OF DECEASED (Type or Print) (First) Margret (Middle) L (Last) Cannon

4. DATE OF DEATH (Month) 7 (Day) 17 (Year) 1950

5. SEX female — 6. COLOR OR RACE Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed — 8. DATE OF BIRTH 1877 — 9. AGE last birthday 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic — 10b. KIND OF BUSINESS OR INDUSTRY None — 11. BIRTHPLACE (State or foreign country) Shorptown Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Peter Allen — 14. MOTHER'S MAIDEN NAME Sarah Weatherly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. none — 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151x Immediate cause (a) Carcinoma of Stomach — 2 yrs

46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to July 17, 1950, that I last saw the deceased alive on July 15, 1950, and that death occurred at 6 30 p.m., from the causes and on the date stated above.

SIGNATURE H R Mann (Degree or title) MD — ADDRESS Salisbury Md — DATE SIGNED 7/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 7-21-50 — NAME OF CEMETERY OR CREMATORY Mt Nebo — LOCATION (City, town, or county) Nebo Del (State)

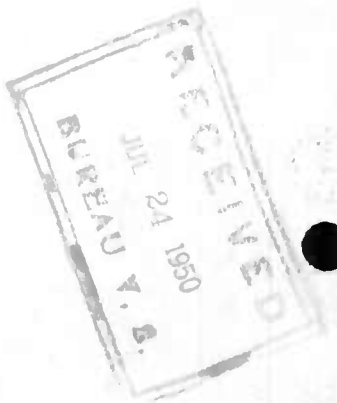
DATE REC'D BY LOCAL REG. 7-21-50 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Booker M West — ADDRESS Salisbury

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15


RECEIVED
JUL 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07600

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Hilda (Middle) Acworth (Last) CAREY

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 26 1893

9. AGE last birthday: 56 yrs. If under 1 year: Months 7 Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Acworth

14. MOTHER'S MAIDEN NAME: Sarah Carey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Herman D. Carey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X Immediate cause (a) Carcinoma of Uterus — Interval Between Onset and Death: 7 1/2 yrs

480 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

260X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to 7-26-50, 19..., that I last saw the deceased alive on 7-26-50, 19..., and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lee L. Lawry M.D. — ADDRESS Fruitland — DATE SIGNED 7-30-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7/30/50 | NAME OF CEMETERY OR CREMATORY St. John's Cemetery | LOCATION (City, town, or county) (State) Fruitland Md

DATE REC'D BY LOCAL REG. 7-31-50 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Hill & Johnson Co. — ADDRESS Geo. C. Hill II

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1950
BUREAU V. S

Dr Tittle
Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07601

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY: Wicomico
STATE: MD / MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fruitland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary		Christopher	July	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Single	6-9-1922	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): factory worker.
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Fruitland Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey Christopher
14. MOTHER'S MAIDEN NAME: Elizabeth King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-18-6821
17. INFORMANT AND ADDRESS: Elizabeth Christopher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
445x **Immediate cause**	(a) Hypertensive encephalopathy	1 month
131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant hypertension	?
	(c) Malignant nephrosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no	no			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 9, 1950, to July 18, 1950, that I last saw the deceased alive on July 18 1950, and that death occurred at 7:55a m. from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles Robert Tittle MD
ADDRESS: Camden Ave - Salisbury Md.
DATE SIGNED: 7-20-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-26-1950	Mt Calvery	~~Mt Calvery~~ Fruitland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-20-50	Mary W. Holloway	Brooks M Reed	Salisbury

49644 mcf

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 24 1950
BUREAU V. S.

Evidence on Film G127
cause of death..8-29-50

07602

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Powellville
STREET ADDRESS (If rural, give location) Pittsville, Md. R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Effie (Middle) (Last) Clayville
4. DATE OF DEATH (Month) July (Day) 17th (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH May 13 1874
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Powellville
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Marcellous Dennis
14. MOTHER'S MAIDEN NAME Laura A. Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT William Clayville Pittsville R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
900.0 Immediate cause	(a) Shock	18 days
186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of Left Hip	18 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Powellville, (COUNTY) Wicomico (STATE) Md.
TIME OF INJURY (Month) June (Day) 30 (Year) 1950 (Hour) P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fall downstairs.*

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Chas. F. Fisher, M.D. (Degree or title) ADDRESS 300 N. Division St. Salisbury Md. DATE SIGNED 7/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 19 1950 NAME OF CEMETERY OR CREMATORY Dennis Cemetery LOCATION (City, town, or county) Powellville (State) Md.

DATE REC'D BY LOCAL REG. 7-20-50 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR M. Pasha Watson ADDRESS Selbyville, Del.

* from Dr. R. Fisher's report

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 24 1950
BUREAU V. B.

07603

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 413 Compton Ave

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Weldon (Last) Conaway
4. DATE OF DEATH (Month) 7 (Day) 5 (Year) 1950
5. SEX Male male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 2-1905
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Corp. Sales
11. BIRTHPLACE (State or foreign country) Savage Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Thomas B. Conaway
14. MOTHER'S MAIDEN NAME Helen F. Swan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Harriett V. Conaway Wif. Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Traumatic Pneumothorax bilateral — 17 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ruptured liver c̄ hemorrhage — 17 hrs
(c) Lacerated scalp — 17 hrs

816.5
170 C

162x

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of lung c̄ metastases to liver — unknown

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Eden (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) 7 (Day) 4 (Year) 50 (Hour) 9 p m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Driver of car - drove into rear of bus parked

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. A. Rodemaker MD (Degree or title) Deputy Med Ex ADDRESS 502 No Div St Salisbury DATE SIGNED 7/5/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF July 8-50 NAME OF CEMETERY OR CREMATORY Good Shepard Cem. LOCATION (City, town, or county) Ellicott City (State) Md.

DATE REC'D BY LOCAL REG. 7-6-50 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury ADDRESS Md
Walter R. Holloway

27817

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

07604

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

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The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Lee	Cotton.	July	23	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	colored.		7-17-50		7	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Emmett Cotton Jr.	Viola Winters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) TETANUS — 6 days

061X Antecedent cause(s)

12 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-21, 1950, to 7-23, 1950, that I last saw the deceased alive on 7-23, 1950, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wa Wiemann	M.D.	Pen. Gen. Hosp., Salisbury	7/24/50

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7/24/50	Peninsula General Hosp.	Salisbury Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-24-50	Maryell Holloway	Peninsula General Hospital	Salisbury Md.

H-0-7-17-0-18-4-26-5

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JUL 26 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

07605

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; STATE Md MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alex; (Middle); (Last) Coulbourne

4. DATE OF DEATH: (Month) July; (Day) 17; (Year) 1950

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/5/1890

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hebron Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Marie Morris.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Fracture of Cervical Vertebrae	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Crushed under a log	sudden.
(c)		

910.3
186 b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY factory (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md

TIME OF INJURY (Month) July (Day) 17th (Year) 1950 (Hour) 3:30 P.M. INJURY OCCURRED While at work ☑ Not while at work ☐

HOW DID INJURY OCCUR? Crushed under falling log.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas T. Fassler M.D. 300 N. Division St Salisbury Md 7/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 7-20-50; NAME OF CEMETERY OR CREMATORY: Mardella Cem; LOCATION (City, town, or county) (State): Mardela Md

DATE REC'D BY LOCAL REG.: 7-20-50; REGISTRAR'S SIGNATURE: Mary W. Holloway; 24. FUNERAL DIRECTOR: Barkley & Elliott; ADDRESS:

49699

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JUL 24 1950
BUREAU U. S.

Evidence for addition in #21 shown on:

FILM No. G 127 JUL 28 1950

07606

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 208 South Division

3. NAME OF DECEASED (Type or Print) (First) James (Middle) O'Brian (Last) Dickerson

4. DATE OF DEATH (Month) July (Day) 16 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 12, 1911
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Candy
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Augustus D. Dickerson
14. MOTHER'S MAIDEN NAME Laura Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.V. II
16. SOCIAL SECURITY NO. 214-10-9817
17. INFORMANT Mrs. Gladys Jones Dickerson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

823.5 Immediate cause (a) Crushing injury of chest & shock

170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 7/16/50
19b. MAJOR FINDINGS OF OPERATION Fracture of Sternum & ribs. Internal Hemorrhage
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) --- (COUNTY) (STATE)
TIME OF INJURY (Month) 7 (Day) 15 (Year) 50 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Automobile collision (7-27-50 - ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Chas F. Fisher M.D. (Degree or title) 300 N Division St. Salisbury Md. ADDRESS DATE SIGNED 7/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/19/50
NAME OF CEMETERY OR CREMATORY Oddfellows Cemetery
LOCATION (City, town, or county) Milford, Delaware (State)

DATE REC'D BY LOCAL REG. 7-19-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR S. Hill & Johnson Co. ADDRESS George C. Hill II 27861

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 21 1960
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A151

Dr. Briele

07607

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D. # 2 Spring Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury (rur)
STREET ADDRESS (If rural, give location) Spring Hill Rd.

3. NAME OF DECEASED (Type or Print) (First) Edna (Middle) Maud (Last) Dickinson
4. DATE OF DEATH (Month) July (Day) 9- (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 19-1885
9. AGE last birthday 65 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Ocleola Co. Mich.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas C. Parsons
14. MOTHER'S MAIDEN NAME Mary Niles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No/ (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Mary Dickinson (Daughter) Spring Hill Rd. Salisbury, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Carcinomatosis	2 mon.
153X Antecedent cause(s)		
46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Colon	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6.26.50
19b. MAJOR FINDINGS OF OPERATION Malignant mass in pelvis & liver nodules
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1950, to June 9, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE H A Briele MD (Degree or title) ADDRESS 504 N. Division St. DATE SIGNED 7.11.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 12- 50
NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park
LOCATION (City, town, or county) (State) Salisbury - Maryland

DATE REC'D BY LOCAL REG. 7-12-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Company - ADDRESS Salisbury Md.

Walter R. Holloway

RECEIVED
JUL 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Mann

2411 N. Charles Street, Baltimore

07608

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 208 Bunea Vesta Ave.

3. NAME OF DECEASED (Type or Print): (First) Sallie (Middle) Mary (Last) Foskey

4. DATE OF DEATH: (Month) July (Day) 9- (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 15-1899

9. AGE last birthday: 50 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Snow Hill Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Hill

14. MOTHER'S MAIDEN NAME: Mary E. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Nathan James Foskey (Husband) 208 Bunea Vesta Ave. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Valvular Heart Disease (Left Ventricle Failure) — Interval between onset and death: 1 month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 44/x 92d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1950, to July 9, 1950, that I last saw the deceased alive on July 9, 1950, and that death occurred at 6:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lucien R Mann M.D. Salisbury Md 7/11/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: July 12- 50

NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park

LOCATION (City, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG.: 7-12-50

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury, Md.

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07609

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE Md. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (In this place) 88 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Nutters Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury md; STREET ADDRESS (If rural, give location) Jersey Rd

3. NAME OF DECEASED (Type or Print): (First) Isiah; (Middle); (Last) Hanney

4. DATE OF DEATH: (Month) 7; (Day) 6; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1862

9. AGE last birthday: 88 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Wicomico Co

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Madeline Nutter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 6 months

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Renal Hypertension — Indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1949, to July 6, 1950, that I last saw the deceased alive on July 6, 1950, and that death occurred at 4 35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G Purnell, M.D. 800 W. main St. Salisbury, Md. July 8, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-9-50

NAME OF CEMETERY OR CREMATORY: Houston Cem.

LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG. 7-8-50

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Cooke & Wheatley

ADDRESS: Salisbury

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07610

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Powellville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Po wellville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Margaret	Henman	July	20	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Dec. 1-1862	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	At Home	Worcester Co. Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Holland	Isabella Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. Edna Webb (Daughter) Whiton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x **Immediate cause** (a) Chronic myocarditis — 3 yrs.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis - hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fell over chair 2 weeks ago and hurt back muscles - no fracture.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from August, 1946, to 7-20-50, 19....., that I last saw the deceased alive on 7-20-50, 19....., and that death occurred at 8:35 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank Lewis	M. D.	Willards Maryland	7-21-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/22/50	St. Johns Cemetery	Powellville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1-22-58	Mary W. Holloway	Holloway & Company - Salisbury, Md.

Walter R. Holloway

RECEIVED
JUL 24 1950
BUREAU V. S.

936

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

Dr. Gramse

07612

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 205 Fitzwater Street

3. NAME OF DECEASED (Type or Print) (First) Harold (Middle) Meade (Last) Hitchens

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Sept. 20-1888

9. AGE last birthday 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman In Theatre in Salisbury

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wicomico Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel A. Hitchens

14. MOTHER'S MAIDEN NAME Mahala Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes / World War # I (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Ruby A. Hitchens (Wife) 205 Fitzwater St. Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

332x

Antecedent cause(s)

83b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19....., to 7/13, 1950, that I last saw the deceased alive on 7/13/50, 19....., and that death occurred at 2:35 P. m., from the causes and on the date stated above.

SIGNATURE Fred L. Gramse (Degree or title) M.D. ADDRESS Salisbury, Md DATE SIGNED 7/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 7-16-50 NAME OF CEMETERY OR CREMATORY Asbury Cemetery LOCATION (City, town, or county) Mt. Vernon (State) Maryland

DATE REC'D BY LOCAL REG. 7-14-50 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Company - ADDRESS Salisbury, Md.

60281

RECEIVED
JUL 17 1960
BUREAU V. S.

(Dr. Wm Fisher)

07613

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS A1

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD #1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) RD #1.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Perry (Last) Howard
4. DATE OF DEATH (Month) July (Day) 28 (Year) 50

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan. 9- 1905
9. AGE last birthday 45 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Salesman for Wico Motor Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cape Charles Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Penn Howard
14. MOTHER'S MAIDEN NAME Matilda Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Margaret Howard (Wife) RD #1 Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) Generalized abdominal carcinomatosis

Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca of sigmoid.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1949, to July 28, 1950, that I last saw the deceased alive on July 28, 1950, and that death occurred at 11.45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William H. Fisher ADDRESS 504 N. Division St. Salisbury Md DATE SIGNED 7-31-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE July 31-50 NAME OF CEMETERY OR CREMATORY Parsons Cem. LOCATION (City, town, or county) Salisbury Md (State)

DATE REC'D BY LOCAL REG. 7-31-50 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.
Walter R. Holloway

29869

RECEIVED
AUG 2 1960
BUREAU V. S

M

07614

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) ~~all of life~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) (Last) Jones Jr.
4. DATE OF DEATH (Month) 7 (Day) 22 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 7, 1928
9. AGE last birthday 21 yrs. If under 1 year Months 8 Days 13 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hebron, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Francis Jones, Sr.
14. MOTHER'S MAIDEN NAME Nellie Mary Darbey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-262-043
17. INFORMANT Francis Jones, Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
916.0 Immediate cause	(a) 2nd & 3rd Degree burns of 80% of body	5 days
181 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Hebron (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-17-50 6a m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Thru Kerosene on stove - exploded

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J A Rademaker MD (Degree or title) ADDRESS Salisbury Md DATE SIGNED 7/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/23/50
NAME OF CEMETERY OR CREMATORY Hebron Cemetery
LOCATION (City, town, or county) Hebron, Maryland (State)
DATE REC'D BY LOCAL REG. 7-22-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR C. G. Messick, Bivalve, Md. ADDRESS

49699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
JUL 24 1990
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

07615

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 22 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) R.F.D. ✓

3. NAME OF DECEASED (Type or Print): (First) Mollie (Middle) B. (Last) Jones
4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify):
8. DATE OF BIRTH: Nov. 11, 1889
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joe B Bunn
14. MOTHER'S MAIDEN NAME: Sue Ballentine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Sue Overholt, Pocomoke R.R. md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Myocardial Infarction	28 hrs.
55C	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery sclerosis	?
		(c) Arteriosclerosis	?

194x

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malignancy of thyroid

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1950, to July 8, 1950, that I last saw the deceased alive on July 8, 1950, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles Robert Tuttle Jr M.D. Salisbury Md July 8, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: July 10 50 — NAME OF CEMETERY OR CREMATORY: Benson Methodist Cemetery — LOCATION (City, Town, or county) (State): Rural Pocomoke Md

DATE REC'D BY LOCAL REG. 7-9-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: Henry H Watson — ADDRESS: Pocomoke Md

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JUL 12 1950
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07616

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 21 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY Camden
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Audubon
STREET ADDRESS (If rural, give location) 143 E Pine Street

3. NAME OF DECEASED (Type or Print) (First) William (Middle) C (Last) Karrer

4. DATE OF DEATH (Month) July (Day) 19 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Mar 19, 1891
9. AGE last birthday 59 yrs. If under 1 year Months 7 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Morning Picture Firm
11. BIRTHPLACE (State or foreign country) Egg Harbor, N.J.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward M. Karrer
14. MOTHER'S MAIDEN NAME Barbara Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 162-03-5393
17. INFORMANT AND ADDRESS Mrs Wm C Karrer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Posterior Myocardial Infarction	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery occlusion	5 days
	(c) Generalized arteriosclerosis	?

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage in occipital lobe ?

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1950, to July 19, 1950, that I last saw the deceased alive on July 19, 1950, and that death occurred at 1:53 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles Robert Tittle Jr MD - 504 Camden Ave - Salisbury, Md. 7-19-50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 7-23-50
NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
LOCATION (City, town, or county) Berlin Md (State)

DATE REC'D BY LOCAL REG. 7-20-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Anna A. Burbage, ADDRESS Berlin Md

2789V

RECEIVED
JUL 24 1950
BUREAU V. S.

Dr. Smith

340

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07617

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 518 Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 518 Washington Street

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Belle (Last) Kelley

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 24-1874

9. AGE last birthday: 75 yrs. If under 1 year: Months 9 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Near Powellville Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MR. James Lewis

14. MOTHER'S MAIDEN NAME: Mary Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Edith Pryor (Daughter) 518 Washington St. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intracranial Hemorrhage. — 3 days

443x Antecedent cause(s)

934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C.V. disease

(c) Arterio-sclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 19 50 to 7/3, 19 50, that I last saw the deceased alive on 7-3, 1950, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wm B Smith — Salisbury Md. — 7/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/6/50 — NAME OF CEMETERY OR CREMATORY: Perdue Cemetery — LOCATION (City, town, or county) (State): Powellville Maryland

DATE REC'D BY LOCAL REG. 7-5-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Holloway & Company - Salisbury, Md.

Walter R. Holloway

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 17 1980
BUREAU T. S.

07618

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
LENGTH OF STAY (in this place) 16 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ferry St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
STREET ADDRESS (If rural, give location) Ferry St

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Covington (Last) Marine
4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Self emp.
8. DATE OF BIRTH July 6, 1894
9. AGE last birthday 56 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jonathan Marine
14. MOTHER'S MAIDEN NAME Margaret Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No. 222-03-9894
17. INFORMANT AND ADDRESS Mrs James Marine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4 Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.

Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Valvular (Cardiac)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1950, to June 7, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 9 P m. from the causes and on the date stated above.

SIGNATURE G. B. Kuhlman (Degree or title) M.D. ADDRESS Sharptown, Md DATE SIGNED 7/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/10/50
NAME OF CEMETERY OR CREMATORY Firemans
LOCATION (City, town, or county) Sharptown (State) Md

DATE REC'D BY LOCAL REG. 7/10/50
REGISTRAR'S SIGNATURE Walter G. Mann
24. FUNERAL DIRECTOR Paul J Smith ADDRESS Sharptown, Md

34849

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1950
BUREAU V. S.

07619

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico Peninsula General Hospital Salisbury MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Collier
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Immokalee
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Herman XXXX McSwain (Last) Herman McSwain

4. DATE OF DEATH (Month) July (Day) 29 (Year) 1950

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Mch 14 1920
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY Saw Mill
11. BIRTHPLACE (State or foreign country) Shellman Ga
12. CITIZEN OF WHAT COUNTRY? N. Sa

13. FATHER'S NAME Charlie McSwain
14. MOTHER'S MAIDEN NAME Emma Clarke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. (?) 265-12-7391
17. INFORMANT Charles McSwain

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

824.5 Immediate cause (a) Fractures of Skull — week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
170C (b) Due to fall from back of an
(c) Automobile while moving

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Deceased had been drinking

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road
(CITY OR TOWN) 1 mile of Stockton (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) July (Day) 22 (Year) 1950 (Hour) 12:50 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fall from back of moving automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr M. E. Fortorius (Degree or title) Dep Med Exam ADDRESS Pocomoke City Md DATE SIGNED 7/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/14/50
NAME OF CEMETERY OR CREMATORY Unionville Methodist
LOCATION (City, town, or county) Pocomoke City, Md. (State)

DATE REC'D BY LOCAL REG. 8-14-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson, ADDRESS Pocomoke City, Md

42009

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 16 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07620

CERTIFICATE OF DEATH

Reg. Dist. No. 332

2 Title

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury. — LENGTH OF STAY (In this place) 3 1/2 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware. COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seaford.
STREET ADDRESS (If rural, give location) 203 Fifth Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Willow	Anne	Moore.	July	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female.	white	Single	July 7-1864	86 yrs.	0	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Work	At Home	Wetipquin Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Moore	Nancy Horner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mr. Brice Hughes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Senile Dementia	?
420.0 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 13, 1950, to July 13, 1950, that I last saw the deceased alive on July 13, 1950, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Robert Tull Jr - M.D.		504 Camden Ave - Salisbury, Md.	7-17-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/17/50	Conaway Cemetery	Wetipquin Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-17-50	Mary W. Holloway	Holloway & Company	Salisbury

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1950
BUREAU V. S.

Evidence for addition as shown in 18

MARYLAND STATE DEPARTMENT OF HEALTH

07621

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

FILM No. G 127 AUG 23 1950

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 102 Wade St.

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Bernard (Last) Muir
4. DATE OF DEATH (Month) 7 (Day) 26 (Year) 50
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Aug. 3, 1893
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Body & Fender Works
10b. KIND OF BUSINESS OR INDUSTRY Mechanic
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harry J. Muir
14. MOTHER'S MAIDEN NAME Anna S. Sexton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) War I
16. SOCIAL SECURITY NO. 219-07-1247
17. INFORMANT Mrs. Minnie Muir 102 Wade. St Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute alcoholism — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

322.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Was found in coma - spinal fluid alcohol 0.27 (8/22/50 - A.S.)

MC (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fatty degeneration of liver

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) 7 (Day) 26 (Year) 50 (Hour) 9 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Drank excessive alcohol & short time in short time

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. A. Kedemaker (Degree or title) MD ADDRESS 502 No Elm Salisbury Md DATE SIGNED 7/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-30-1950
NAME OF CEMETERY OR CREMATORY St. Andrew Cemetery
LOCATION (City, town, or county) (State) Princess Anne, Md.
DATE REC'D BY LOCAL REG. 7-28-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Lewin R. Wilson ADDRESS

33284

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 31 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07622

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Bishop
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) (First) CHARLIE (Middle) C. (Last) MUMFORD
4. DATE OF DEATH (Month) July (Day) 16, (Year) 1950 19

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Apr 4, 1937
9. AGE last birthday 12 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - school
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME John L. Mumford
14. MOTHER'S MAIDEN NAME Nancy Pitts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT David Mumford, Bishop, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Four hours about

Antecedent cause(a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental Cardiac arrest during [illegible] with chest [illegible] massage [illegible] — 2 days over 4 months

(c) Accidental 2nd & 3rd degree burns

916.0
181

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Bishop (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 13 1950 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Burned while burning trash at home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Dr N. E. Fortunes, Dep Med Exam (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED 7/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/19/50
NAME OF CEMETERY OR CREMATORY Sarah Dukes Cemetery
LOCATION (City, town, or county) Bishop, Md. (RFD) (State)

DATE REC'D BY LOCAL REG. 7-20-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson, ADDRESS Pocomoke, Md.

I

VS. A15A

RECEIVED
JUL 24 1950
BUREAU V. S.

Dr. Lewis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07623

CERTIFICATE OF DEATH

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willards
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willards
STREET ADDRESS (If rural, give location): Main Street

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) (Last) Mumford

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 26- 1886

9. AGE last birthday: 64 yrs. — If under 1 year: Months 3, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk at Post Office

10b. KIND OF BUSINESS OR INDUSTRY: Willards Md.

11. BIRTHPLACE (State or foreign country): R. D. Willards Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ebenezer G. Davis

14. MOTHER'S MAIDEN NAME: Ella S. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Charles E. Mumford (Husband) Willards Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis Chronic	2 yrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension - arteriosclerosis	16 yrs.
	(c)	

443x
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from August, 1940, to July 13, 1950, that I last saw the deceased alive on 7-13, 1950, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank R Lewis M.D.		Willards Maryland	7-13-1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 15, 1950	Willards Cemetery	Willards Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-14-50	Mary W. Holloway	Holloway & Company *	Salisbury Md.

26695

RECEIVED
JUL 17 1950
BUREAU V. S.

07624

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Pen Gen Hosp (Wicomico) Salisbury MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen Gen Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Princess Anne R.F.D. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Sidney (Middle) (Last) Nutter
4. DATE OF DEATH (Month) July (Day) 7 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH About 1856
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ephrian Nutter
14. MOTHER'S MAIDEN NAME Not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Veda Rinkett (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.0 Immediate cause (a) Fractured Skull — 13 days

186.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Princess Anne R.F.D. (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) June (Day) 25 (Year) 1950 (Hour) 4 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell out of window

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) M.D. ADDRESS Princess Anne, Md DATE SIGNED 7/8/1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/10/50
NAME OF CEMETERY OR CREMATORY Polks Road
LOCATION (City, town, or county) Princess Anne (State) R.F.D.
DATE REC'D BY LOCAL REG. 7-8-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Dale Dashiell ADDRESS Princess Anne, Md.

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07625

Dr. Scholer

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. D. # I

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: "icomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsville
STREET ADDRESS (If rural, give location): R.. D . # I

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Margaret (Last) OGrady

4. DATE OF DEATH: (Month) July (Day) 9- (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July I9-I890

9. AGE last birthday: 59 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Williamsonport Pa.

12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME: Newton Parker

14. MOTHER'S MAIDEN NAME: Tressia (Unknown ')

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mr. Charles E. O Grady (Husband) R. D. # I Pittsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary embolism	30 min
715X Antecedent cause(s)		
100d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrombophlebitis, right leg	3 days
	(c) Infected trophic ulcer, rt gat ankle	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7th, 19 50, to July 9th, 19 50, that I last saw the deceased alive on July 8th, 19 50, and that death occurred at 5: 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

K. V. Soller, M.D. Delmar, Del. 7-10-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July I2-50 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG. 7-12-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Holloway & Company - Salisbury Md.

Walter R. Holloway

VS: A15

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JUL 14 1980
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07626

CERTIFICATE OF DEATH

Reg. Dist. No. 235

1. PLACE OF DEATH: COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shaptown
LENGTH OF STAY (in this place): 20 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shaptown
STREET ADDRESS (If rural, give location): 4th Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Edward	Owens	July	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Widowed	Oct 1, 1865	84 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter	Self Employed	Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elijah Owens	Lavenia Marine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	nal	Mr Samuel Owens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Valvular Disease — 7 Years

421.4 Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1948, to July 16, 1950, that I last saw the deceased alive on July 16, 1950, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. S. Kuhlman	M.D.	Shaptown	Nic Md 7/17/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 18, 1950	Fulmans	Shaptown	Md.

DATE REC'D BY LOCAL REGISTRAR'S REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/17/50	Wallis S. Mann	Paul Johnson	Shaptown Md.

4964V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1950
BUREAU V. S.

Dr. Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07627

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D. # 3	STREET ADDRESS (If rural, give location) R. D. # 3

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Benjamin	Garfield	Phillips	July	I2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. I9- I88I	68 yrs.	9	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Farmer	Owned Farm	Greenboro	Delaware	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Phillips	Hester Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. Carrie Phillips (Wife) R.D. #3 Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Coronary artery occlusion	1 hour
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3:30 AM to 4AM July 12 50, 19..., to ..., 19..., that I last saw the deceased alive on July 12, 19 50, and that death occurred at 4:00 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles Robert Tuttle (T+HO) Jr MD		7/14/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July I6, 1950	Line Church Cemetery	Near Delmare Delaware & Pittsville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7-14-50	Mary W. Holloway	Holloway & Company - Salisbury Md.

Walter R. Holloway

VS. A13

RECEIVED
JUL 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07628

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 827 S. Division st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — STREET ADDRESS (If rural, give location) 827 S. Division st.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Samuel (Last) Pryor

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Mar.

8. DATE OF BIRTH: 3-18-71

9. AGE last birthday: 78 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William P. Pryor

14. MOTHER'S MAIDEN NAME: Sallie Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss M. Beatrice Pryor (Daughter) 827 S. Div. st. Salisbury Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval between onset and death: 2 min

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to July 5, 1950, that I last saw the deceased alive on July 5, 1950, and that death occurred at 5 P. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

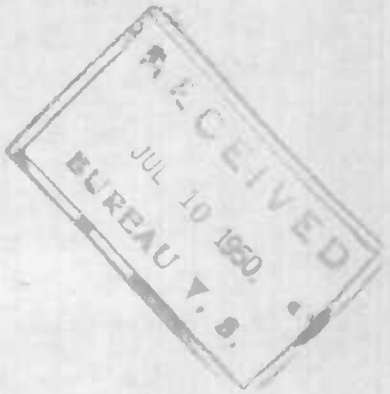
Fred R. Graves M.D. Salisbury Md. 7/6/50

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF July 7-50 — NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park — LOCATION (City, town, or county) Salisbury — (State) Md.

DATE REC'D BY LOCAL REG. 7-7-50 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Salisbury — ADDRESS Md.

Walter R. Holloway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JUL 10 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07629

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury R.F.D. 3
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) Mae (Last) Roberts

4. DATE OF DEATH (Month) 7 (Day) 27 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 12, 1891
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charlie Roberts
14. MOTHER'S MAIDEN NAME Sarah Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sherman Roberts, Dames Quarter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
260x	Immediate cause	(a) Coronary occlusion	sudden ~~[illegible]~~
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	2 yrs
		(c) arteriosclerosis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L A Rademacher (Degree or title) MD ADDRESS Deptty Med Exam Salisbury Md DATE SIGNED 7/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 30, 1950
NAME OF CEMETERY OR CREMATORY Dames Quarter Cem
LOCATION (City, town, or county) (State) Dames Quarter

DATE REC'D BY LOCAL REG. 9-28-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Lenin R. Wilson ADDRESS

RECEIVED
JUL 31 1950
BUREAU V. S.

07630

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH · COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury. — LENGTH OF STAY (in this place): 20 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bronx 67 New York City
STREET ADDRESS (If rural, give location): 601 Pelham Parkway North

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Rohde
4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Nov. 17-1886
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Surveyor
10b. KIND OF BUSINESS OR INDUSTRY: Marine Work
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Charles L. Rohde
14. MOTHER'S MAIDEN NAME: Agnes (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Josephine C. Rohde Wife
601 Pelham Parkway New York City N.Y. Bronx 67

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Myocardial Infarction — 24 hrs

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary artery occlusion — 24 hrs.

(c) Arteriosclerotic Heart Disease — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19 1950, to July 20, 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at 12:30 A m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles Robert Tittle Jr MD. - 504 Camden Ave - Salisbury, MD.

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: July 24-50 — NAME OF CEMETERY OR CREMATORY: Green Mount Cem. — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 7-20-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Leonard Ruck — ADDRESS: Baltimore Md.

V92V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1900
BUREAU V. I.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07631

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardella
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Seabrease

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb 26 1866

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: John Seabrease

14. MOTHER'S MAIDEN NAME: Mary Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Harriet Grahame

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis

332 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

836 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6, 1950, to 7/9, 1950, that I last saw the deceased alive on 7/7, 1950, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Fred L. Grahame M.D. ADDRESS: Salisbury Md DATE SIGNED: 7/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 11 1950 | NAME OF CEMETERY OR CREMATORY: Mardela Springs | LOCATION (City, town, or county) (State): Mardela Md

DATE REC'D BY LOCAL REG.: 7-11-50 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: Paul J. Smith | ADDRESS: Marydown, Md

RECEIVED
JUL 14 1960
BUREAU V. S.

07632

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 211 S. Division St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Michael (Last) Shockley

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 15, 1950

9. AGE last birthday: — yrs. If under 1 year: Months 4 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James A. Shockley

14. MOTHER'S MAIDEN NAME: Catherine Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Jame A. Shockley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia, etiology undetermined — 48 hours

491X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Otitis media, right — 18 hours

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 July, 1950, to 6 July, 1950, that I last saw the deceased alive on 5 July, 1950, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert W. Kitts, M.D. Salisbury, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/7/50 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Md.

DATE REC'D BY LOCAL REG.: 7-11-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: The Hill & Johnson Co. — ADDRESS: George C. Hill II

2-0-2-15-0-111-1-40-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 1950
BUREAU V. R.

Dr. Lewis

07633

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH · COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Ernest	(Middle) Grover	(Last) Townsend	4. DATE OF DEATH	(Month) July	(Day) 28	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1883	9. AGE last birthday 67 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Tenant Farmer	11. BIRTHPLACE (State or foreign country) Near Salisbury Md.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Edward Townsend	14. MOTHER'S MAIDEN NAME Alice (unknown)						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Margaret Parsons (daughter) 206 Maryland Ave Delmar Del					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
002 x Immediate cause	(a) Pulmonary hemorrhage	1 hour
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary tuberculosis	5 yrs (history)
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓	(CITY OR TOWN) ✓	(COUNTY) ✓	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.	INJURY OCCURRED While at Work ☑ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from June 1, 1950, to July 28, 1950, that I last saw the deceased alive on 7-28, 1950, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank R Lewis	M.D.	Wellards Maryland	7-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 31-50	NAME OF CEMETERY OR CREMATORY Parsons Cem.	LOCATION (City, town, or county) Salisbury (State) Md.
DATE REC'D BY LOCAL REG. 7-31-50	REGISTRAR'S SIGNATURE Mary W Holloway	24. FUNERAL DIRECTOR Holloway & Company, Salisbury, Md.	ADDRESS

Walter R. Holloway

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1950
BUREAU V. S

Evidence for change of age shown on:

FILM No. G 127 AUG 23 1950

07634

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 8 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen Hospital	STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)	(First) Susie	(Middle) B.	(Last) Townsend	4. DATE OF DEATH	(Month) July	(Day) 31	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 7, 1894	9. AGE last birthday 55 ~~56~~ yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME William G. McKee	14. MOTHER'S MAIDEN NAME Annie Bevans						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS William Townsend					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia (Terminal)	5 days
Antecedent cause(s)	(b) Cerebral Thrombosis	3 weeks
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

332x
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1950, to July 31, 1950, that I last saw the deceased alive on July 31, 1950, and that death occurred at 6 45 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David J. Gilmore	M.D.	Salisbury Md.	8/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Aug 2, 1950	NAME OF CEMETERY OR CREMATORY St. Johns Methodist	LOCATION (City, town, or county) (State) Fruitland, Md.
DATE REC'D BY LOCAL REG. 8-2-50	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke City, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 4 1950
BUREAU V. S

M

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07635

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 709 Fitzwater St.

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) Mae (Last) Tubbs

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Widow
8. DATE OF BIRTH Dec. 30, 1874
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Dorothy B. Tubbs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331x Immediate cause (a) Cerebral thrombosis & Haemorrhage

132 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1950, to July 21, 1950 that I last saw the deceased alive on July 21, 1950, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

SIGNATURE C. J. Hearn (Degree or title) ADDRESS 203 W. Church St. Salisbury DATE SIGNED 7/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/24/50
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury, Md. (State)

DATE REC'D BY LOCAL REG. 7-26-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS George C. Hill

RECEIVED
JUL 31 1950
U. S.
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07636

CERTIFICATE OF DEATH

Reg. Dist. No. 532

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md. LENGTH OF STAY (in this place) Since 7/5/50	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hosp. Salisbury, Md.	STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print)	(First) Raymond	(Middle)	(Last) Voss	4. DATE OF DEATH	(Month) July	(Day) 12	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH April 22, 1909	9. AGE last birthday 41 yrs.	If under 1 year Months 2	Days 20	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Butter Factory		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Delaware			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Voss			14. MOTHER'S MAIDEN NAME Sallie Carter				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown	(If year, give war or dates of service)	16. SOCIAL SECURITY No. 218-09-0743	17. INFORMANT AND ADDRESS Patient on admission				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Far Adv. Pulmonary Tuberculosis — 1 year

002 X Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5, 1950, to 7/12, 1950, that I last saw the deceased alive on 7/11, 1950, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE S H Hurdle (Degree or title) M.D. ADDRESS Salisbury, Md. DATE SIGNED July 12, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE July 15, 1950	NAME OF CEMETERY OR CREMATORY Bloomery Cem.	LOCATION (City, town, or county) (State) near Federalsburg, Md.
DATE REC'D BY LOCAL REG. 7-12-50	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR Harvey Williams	ADDRESS Federalsburg Md.

49644

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07611

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 10 mins.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 220 Camden Ave.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Whiteley (Last) Higgins
4. DATE OF DEATH (Month) 7 (Day) 1 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 5, 1916
9. AGE last birthday 33 yrs. If under 1 year Months 10 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Sanitation
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William A. Higgins
14. MOTHER'S MAIDEN NAME Nora Whiteley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 718-16-9097
17. INFORMANT Rachel Payne Higgins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Crushed chest	20 Mins
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured left Tibia & fibula	20 Mins
	(c)	

819.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) July (Day) 1 (Year) 50 (Hour) 6:20 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Passenger in car which crashed into pole

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J A Radender M D (Degree or title) Dept. Med. ADDRESS 502 No Dew St Salisbury DATE SIGNED 7-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/3/50
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury (State) Maryland

DATE REC'D BY LOCAL REG. 7-3-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS George C. Hill II

27830

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 6 1950
BUREAU V. S.

Dr. Laury

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07637

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): Atlantic Ave. R.D. #4

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Sheridan (Last) Wilson Jr.

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 17- 1904

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deputy Collector

10b. KIND OF BUSINESS OR INDUSTRY: Internal Revenue

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Sheridan Wilson Sr.

14. MOTHER'S MAIDEN NAME: Nellie Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Georgia Wilson (Wife) attended dec. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 3 mon

940a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to 7-26-50, 19....., that I last saw the deceased alive on 7-26-50, 19....., and that death occurred at 6:40 P. m., from the causes and on the date stated above.

SIGNATURE: Lee L. Laury, M.D. (Degree or title) ADDRESS: Fruitland Md. DATE SIGNED: 7-29-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July30-1950

NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park

LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG.: 7-31-50

REGISTRAR'S SIGNATURE: Mary M Holloway

24. FUNERAL DIRECTOR: Holloway & Company - Salisbury, Md.

ADDRESS: Walter R. Holloway

49 97

RECEIVED
AUG 2 1960
BUREAU V. S

Dr. Insley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07638

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Hill Nurseing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 316 North Blvd.

3. NAME OF DECEASED (Type or Print): (First) Leroy (Middle) Whitefield (Last) Wimbrow

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 23- 1869

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Grocey

11. BIRTHPLACE (State or foreign country): Salisbury Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nutter Wimbrow

14. MOTHER'S MAIDEN NAME: Laura Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Gertrude Heintzelman (Daughter) 316 North Blvd. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 **Immediate cause** (a) Acute cardiac failure (Arteriosclerotic) — Interval between onset and death: 3 days

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..46, to July 15, 1950, that I last saw the deceased alive on July 15, 1950, and that death occurred at 11: 13P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Finley A Insley — ADDRESS: Salisbury Md — DATE SIGNED: 7-17-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 07-18-50 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG.: 7-18-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Holloway & Company - Salisbury Md.

15661

RECEIVED
JUL 20 1950
BUREAU V. S.

M

Dr Nock

MARYLAND STATE DEPARTMENT OF HEALTH

07639

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY: Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Pennsylvania COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — LENGTH OF STAY (in this place):	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Glenolden Pa.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital	STREET ADDRESS (If rural, give location): 5II Tatnall Ave

3. NAME OF DECEASED (Type or Print)	(First) Helen	(Middle) Anna	(Last) Wood	4. DATE OF DEATH	(Month) July	(Day) I9	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: July I7-I9II	9. AGE last birthday: 39 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): R. D. # Salisbury Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Larry James Toadvine	14. MOTHER'S MAIDEN NAME: Bertha Mary Jones						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Joseph R. Woods (Husband)					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intestinal Hemorrhage — 1 day

Antecedent cause(s) (b) Cirrhosis of Liver — Unk

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) —

581.0

124 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE) —	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/18, 1950, to 7/19, 1950, that I last saw the deceased alive on 7-19-, 1950, and that death occurred at 2:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. M. Nock M.D. Salisbury, Md. 7/20/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: July 21, 1950.	NAME OF CEMETERY OR CREMATORY: Parsons Cemetery	LOCATION (City, town, or county) (State): Salisbury Maryland
DATE REC'D BY LOCAL REG. 7-21-50	REGISTRAR'S SIGNATURE: Mary W. Holloway	24. FUNERAL DIRECTOR: Holloway & Company -	ADDRESS: Salisbury, Md.

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. 415

RECEIVED
JUL 24 1950
BUREAU V. R.